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DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

UNITED STATES OF AMERICA

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s). I/We verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	,			
NOVEL THERAPEUTIC APPLICATION OF ENOXAPARIN				
	and the specification of w (check one)	was filed on and was amended o was described and o	Attorney Docket No. ST00001A-US) as U.S. Application Number on (if applicable). claimed in PCT Int'l Application Numbended under PCT Article 19 on	er filed on (if any).
	I/We hereby state that I/We have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above. I/We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me/us to limit material to patentability as defined in 37 C.F.R. 1.56.			
	I/We hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one other country other than the United States of America, listed below and having a filing date before that of the application on which priority is claimed. I/We have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:			
Foreign Priority:	FR00/00137 Number	France Country	06 January 2000 Day/Month/Year Filed	-
Prior Foreign Appln(s):	Number	Country	Day/Month/Year Filed	-
\boxtimes	I/We hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below:			
	60/188,352 Number	March 9, 2000 Filing Date		
	I/We hereby claim the benefit under Title 35, United States Code §120 or 365(c) of any United States application(s) or international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I/We acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
	Application Serial No.	Filing Date	Status (Patented, Pending)	

I/We hereby appoint the attorneys and/or agents associated with the Customer No.(s) provided below as my/our attorneys and/or agents with full power to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No.: 005487

I/We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States code §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(City and State/City and Country only)

Additional names ignatures are attached. Inventors(s): 2. Full name: Jean-Marie STUTZMANN 1. Full name: Veronique MARY Signature: Signature: Date: ____ Date: ___ Country of Citizenship: France Country of Citizenship: France____ Residence: Villecresnes, France Residence: Organgis, France (City and State/City and Country only) (City and State/City and Country only) P. O. Address: 9 rue de l'Arche P. O. Address: 6 rue d'Artois 94440 villecresnes, France 91130 Ris Orangis, France 4. Full name: Florence WAHL 3. Full name: Andre UZAN Signature: __ Date: ____ Date: Country of Citizenship: France Country of Citizenship: France Residence: Paris, France Residence: Paris, France (City and State/City and Country only) (City and State/City and Country only) P. O. Address: Chez Mr. Karoby P. O. Address: 35 avenue Victor Hugo 5 rue de l'Ave Maria 75116 Paris, France 75004 Paris, France 5. Full name: **6.** Full name: Signature: Date: Date: ___ Country of Citizenship: Country of Citizenship: (City and State/City and Country only) (City and State/City and Country only) P. O. Address: P. O. Address: 7. Full name: ______ 8. Full name: Signature: Date: _____ Country of Citizenship: Country of Citizenship: Residence: Residence: ___ (City and State/City and Country only)

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